

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2340SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/27/2009
NAME OF PROVIDER OR SUPPLIER SILVER RIDGE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1151 TORREY PINES DR. LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on July 27, 2009 in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Five resident files were reviewed.</p> <p>Complaint #NV00022622 was substantiated with a deficiency. See Tag Z 266.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000		
Z266 SS=D	<p>NAC 449.74477 Pressure Sores</p> <p>Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that a patient:</p> <p>2. With pressure sore receives the services and treatment needed to promote healing, prevent infection and prevent new sores from developing. This Regulation is not met as evidenced by:</p>	Z266		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z266	<p>Continued From page 1</p> <p>Based on record review and interview, the facility failed to have documented evidence that services and treatment necessary to promote pressure sore prevention/healing was provided for 1 of 5 residents. (Resident #1)</p> <p>Findings include:</p> <p>Resident #1 was readmitted to the facility at 7:30 PM on 7/13/09. The resident was discharged on 7/23/09. The Nursing Admission Assessment noted the resident had excoriation to the buttocks and sacral area with no open areas. On 7/16/09, the physician ordered a wound nurse consult. On 7/18/09, the physician ordered the following: "Apply Xenaderm on redness of sacrococcygeal areas."</p> <p>The wound nurse conducted the consult on 7/20/09 and noted "Area assessed. 0 wound sacral. Area excoriated. Resident incontinent of stool. Will continue Xenaderm application after incontinent stools." On 7/27/09 at 11:45 AM, the wound nurse confirmed her notes.</p> <p>Review of the Treatment Record for July 2009, failed to reveal documented evidence of Xenaderm application from 7/20/09 through 7/23/09. The nursing notes lacked documented evidence that staff applied Xenaderm as ordered.</p> <p>On 7/22/09 the complainant took photographs of Resident 1's sacrococcygeal areas. The complainant provided the photographs to the Bureau of Health Care Quality and Compliance. The photographs indicated a sacrococcygeal ulcer and an excoriated buttocks.</p> <p>Severity 2 Scope 1</p>	Z266			

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